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**CENTRAL FAX CENTER****FAX TRANSMISSION****MAY 23 2006****DATE:** May 23, 2006**PTO IDENTIFIER:** Application Number 09/888,079-Conf. #6574  
Patent Number**Inventor:** Signo E. Varner, Ph.D. et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszc Hazzard

**PHONE:** (617) 439-4444**Attorney Dkt. #:** 55821 (71699)**PAGES (Including Cover Sheet):** 21**CONTENTS:** Amendment Transmittal (1 page);  
Response to Final Office Action (18 pages);  
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 09/888,079

Attorney Docket No.: 55821 (71699)

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Amendment Transmittal (1 page);  
Response to Final Office Action (18 pages);

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 55821 (71699)	
Application No. 09/888,079-Conf. #8574		Filing Date June 22, 2001		Examiner M. F. Desanto	
				Art Unit 3763	
Applicant(s): Signe E. Varner, Ph.D. et al.					
Invention: METHOD AND DEVICE FOR SUBRETINAL DRUG DELIVERY					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	54	- 54 =		x	
<b>Independent Claims</b>	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swiszc Hazzard Attorney/Agent Reg. No.: 44,368					Dated: <u>May 23, 2006</u>
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					

5-15262

Docket No. 55821 (71699)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: S. Varner, et al.  
Serial No. 09/888,079 Art Unit: 3763  
Filed: June 22, 2001 Examiner: M. F. Desanto  
For: METHOD AND DEVICE FOR SUBRETINAL DRUG DELIVERY

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**MAY 23 2006**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 02209-9169

Dear Sir:

**RESPONSE TO FINAL OFFICE ACTION**

Applicants are in receipt of the final Office Action dated March 9, 2006 in the above-identified application. Applicant submits that this response puts the application in condition for allowance, and applicant thus requests entry of this response.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.